**SECTION 9**
**ATTACHMENT B**
**QUALIFIED VENDOR APPLICATION AND DIRECTORY SYSTEM**

## 1.    Introduction

On or about March 24, 2003 the Division will release the first version of the Qualified Vendor Application and Directory System (QVADS or System).  This first release will collect information from Qualified Vendor Applicants as part of the Request for Qualified Vendor Applications (RFQVA) process.  Later releases of the System will, on an ongoing basis, collect information from Qualified Vendors and independent providers for compilation in the Division's Qualified Vendor Directory.

In order to complete the application process, Applicants for Qualified Vendor Agreements must use the System to enter information for submittal to the Division's web site as well as to generate the hardcopy application that must be signed and sent (with supporting documentation) to the Division.

The Directory component of the System will collect additional information from Qualified Vendors that will be used to create a Directory to facilitate consumer choice, and to match Qualified Vendors with consumers who refuse or fail to choose a provider.  The Directory component of the System will also collect information from independent providers that are not Qualified Vendors.

As this System is still in development, the information contained in this discussion is intended to provide Applicants and other interested parties with guidance about the information that will be required to complete an Application for Qualified Vendor status, and the information that Qualified Vendors may choose to submit for inclusion in the Directory.  As mentioned above, the Application component of the System will be available on or about March 24, 2003, and the Directory component of the System will be available later in the summer.  All notices announcing the availability of the System's components will be posted on the Division's website at www.de.state.az.us/ddd.

## 2.    Information Entry Structure

This discussion presents all of the information elements that will be required for the Qualified Vendor Application as well as the optional information that Qualified Vendors may choose to submit when the Directory component of the System becomes available.  The required elements must be provided in order for the Qualified Vendor Application and Directory System to accept the Qualified Vendor Application.

Information for the System will be requested using the following structure:

1. Registration with the System. This feature will be activated with the release of the Application component of the System. Applicants will register with the System in order to receive a password and gain access to the Qualified Vendor Application.

2. Vendor contract information. This feature of the System will collect information such as vendor name, street address, contact person, etc. (See "4. Vendor Application Contract Information Section" below.)

3. Qualified Vendor Application Assurances and Submittals form. This feature must be completed for the application process. (See "5. Qualified Vendor Application Assurances and Submittals Section" below.)

4. General vendor policy information. This feature collects information required for the application process relating to such items as the recruitment and training policies and the quality management plan of the applicant. (See "6. General Vendor Policy Information" below.)

5. Administrative sites and Group Home and Day Treatment and Training sites. This feature will only be partially activated for the Application release. For the application process, information will be required on any group home and day treatment and training sites that are operated by the applicant. When the Directory release is made available, certain information regarding each administrative site operated by the Qualified Vendor will be required, and additional information will be optional. (See "7. Administrative Sites and Group Homes/Day Treatment and Training Sites" below.)

6. General information on services provided. Part of this feature will be included in the application component of the System, primarily to collect program descriptions for each service offered by the applicant. In future releases, optional information such as staffing and references can be supplied by the Qualified Vendors. (See, e.g., "8. Home-Based Services" below.)

7. Geographic area/site information. This feature will not be included in the application release, but will be included in the Directory release. This feature will collect specific information about capabilities and capacity for each service, for each geographic area/site in which the service is to be provided (some of this information is required, and other information is optional). (See, e.g., "9. Home-Based Services Site Specific Information" below.)

The discussions that follow contain descriptions of the information that will be collected for both the Application release and the subsequent Directory release of the System. As a general rule, the information designated as required will have to be submitted with the Qualified Vendor Application and the information designated as optional may be submitted for the Directory.

The Directory will be used by consumers to identify potential providers, and by the Division to match consumers' service needs with providers. The more information given by an Applicant, the more likely that a consumer will identify that provider's programs as meeting his/her needs. For example, if some of an Applicant's direct service staff is bilingual, but this information is not provided, the Qualified Vendor Application can still be approved, but consumers requiring bilingual service staff will not find a match on that Qualified Vendor's service if they make this part of their search criteria. Thus, providing requested information will result in more matches when consumers search for services. Note that Qualified Vendors may update the optional information in the System, but changes to required items will require Division approval.

## 3. Instructions

To register with the System, the Applicant will enter their vendor name, contact name and telephone number, their email address, and a password. The System will respond to the email address with a link to a secure section of the Qualified Vendor website. The Applicant will use their user name (email address) and password at this secure website for all future System interaction.

It will not be necessary to complete all information in one session. The Applicant will be able to save and leave the System and to sign on later and resume filling information where they left off. Also, it will be possible for more than one person to provide information. For example, one person may fill in all of the general information, but a different administrator may sign in using the Applicant's user name and password and provide information about services. When the Applicant has entered all of the necessary information, the Application shall be submitted electronically for review and evaluation by the Division. The System will provide the capability for the vendor to print the Application and Qualified Vendor Agreement Award signature form, the Qualified Vendor Application Assurances and Submittals form, and all sections that were completed so that they may be signed and submitted to the Division as required to complete the Application.

Once the electronic information is submitted, it cannot be amended until after it has been processed as a Qualified Vendor Application. The amendment module of the System will be available on or after May 5, 2003. Applicants are advised to monitor the Division website for announcements regarding this component.

The following sections identify the information that the System will collect for each of the areas identified under "Information Entry Structure" above. For each section, failure to provide information in the required fields will cause the Application to be considered incomplete, and the Application will not be accepted by the Division's website until that information is provided and the Application is complete.

4.    **Vendor Application Contract Information**

For this section, the vendor shall identify their Federal Employer Identification number (FEIN) or Social Security number (SSN), AHCCCS ID, executive/owner name, and whether they are an agency, independent professional provider or an independent provider.  The Applicant must provide their street, mailing, and payment/billing addresses, and contact information including telephone numbers and email address.  They may also include fax numbers and their website URL.  Finally, the Applicant shall identify all services that they wish to provide in State Fiscal Year (FY) 2004.  For each service, the Applicant shall indicate whether they have a current valid contract or agreement with the Division, the contract number(s), and whether they hold valid certifications or registrations required for each service they wish to provide.

5.    **Qualified Vendor Application Assurances and Submittals**

This section requires assurances and submittals from the Applicant.  The Applicant must respond to each of the following items and, when submitting the hard copy of the Qualified Vendor Application, include hard copies of the applicable submittals in order to complete the Application and to be considered for Qualified Vendor status: (all items required)

1. Does the Applicant have in effect a valid contract with the Division at the time that this application is submitted? (List of services applied for with checkbox Yes or No)

2. Does the Applicant hold all current and appropriate Arizona certification(s) and/or registration(s) as required to provide each developmental disability service applied for, and is such certification(s) and/or registration(s) in good standing with the certification and/or registering organization? (List of services applied for with checkbox Yes or No) If no, **submit** with the hard copy of the Application a copy of the completed application for the appropriate certifications and/or registrations.

3. Does the Applicant hold all current and appropriate Arizona license(s) to provide each developmental disability service applied for, and is such license(s) in good standing with the licensing organization? (List of the following services applied for with checkbox Yes or No: Developmental Home, All Group Homes, All Therapies, Nursing)  If the Applicant is applying to provide developmental home services or any group home service, does the Applicant certify that the list of sites included in the Qualified Vendor Application and Directory System are appropriately licensed and that such licenses are in good standing with the licensing organization? (Checkbox with Yes or No).  If the Applicant is applying to provide developmental home services or any group home service, does the Applicant certify that it understands that it must amend the Qualified Vendor Application and Directory System to include any additional licensed site(s) before the Division will authorize and/or pay for services provided at that site? (Checkbox with Yes or No)

4. Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registrations revoked, denied or suspended in Arizona or in other states within the past five years? (Checkbox Yes or No)  If yes, **submit** an explanation and current status.

5. Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five years? (Checkbox Yes or No) If yes, **submit** a detailed description of such terminations or lawsuits.

6. Are there any suits or judgments pending or entered (within the last five years) against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? (Checkbox Yes or No)  If yes, **submit** a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments.

7. Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? (Checkbox Yes or No)  If yes, **submit** information on the person and the conviction.

8. Has any of the Applicant's key personnel been convicted of a felony within the past 15 years? (Checkbox Yes or No)  If yes, **submit** information on the key personnel and the conviction.

9. Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? (Checkbox Yes or No) If yes, **submit** an explanation.

10. Has the Applicant provided all required information in the Qualified Vendor Application and Directory System and submitted such information in electronic form to the Division website? (Checkbox Yes or No)

11. If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? (Checkbox Yes or No)  If yes, **submit** an organizational chart that demonstrates ownership and/or corporate affiliations.

12. Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? (Checkbox Yes or No)  If yes, **submit** a statement disclosing the conflict or potential conflict of interest.

13. Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? (Checkbox Yes or No)  If yes, **submit** a full written disclosure of the proposed payments and amount.

14. Has the Applicant, its directors, of officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended or otherwise lawfully prohibited from any public procurement activity? (Checkbox Yes or No)  Is a suspension or debarment currently pending? (Checkbox Yes or No)  If yes, **submit** an explanation.

15. Has the Applicant **submitted** a current I.R.S. W9 form? (Checkbox Yes or No)

16. Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application? (Checkbox Yes or No)

17. All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are **submitted** with the hardcopy application. (Checkbox Yes or No)

18. The applicable document described below is **submitted**:

   (1) A complete audited financial statement  (Checkbox Yes, No or Not Applicable)

   (2) For Applicants that do not have an audited financial statement  (Checkbox Yes, No or Not Applicable)

   (a) A corporate financial statement; or

   (b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or

   (c) If not a corporation, the personal financial statements of the owners or partners.

19. Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement? (Checkbox Yes or No)  If yes, **submit** a disclosure statement.

20. Has the applicant **submitted** the Certificates of Insurance required by Section 6.7.6? (Checkbox Yes or No)  If no, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service? (Checkbox Yes or No)

21. Has the Applicant declared bankruptcy within the last seven years? (Checkbox Yes or No) If yes, is a court approved corrective plan of action in place? (Checkbox Yes or No) If so, is it available upon request? (Checkbox Yes or No)

22. Will the Applicant use a subcontractor(s) to provide services? (Checkbox with Yes or No) If yes, **submit** the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification number (FEIN) or Social Security number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor.

23. Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments? (Checkbox Yes or No)

**6.      General Vendor Policy Information**

As indicated below, the following information shall (is required for the Application) or should (is optional for the Directory) be provided.  Note that, except as provided below, optional information may not be requested on the System as it is released for the Application process. The optional information will be made available on the Directory version of the System.

- Information on employment-related benefits provided to direct service staff (optional)

- Information regarding recruitment and training: (all items required)

    o Description of the recruitment and initial training plan for direct service staff (up to ½ page)

    o Description of the on-going training plan for direct service staff (up to ½ page)

    o Description of the back-up plan for direct service staff absences (either preplanned or emergency absence) (up to ½ page)

- Information regarding incident reporting and correction systems: (all items required)

    o Do you have written policies and procedures regarding the reporting of incidents of abuse, neglect, exploitation and injury?

    o Are reporting protocols shared with consumers/families/consumer representatives?

    o How are incidents of abuse, neglect, exploitation or injury reported internally? (up to ½ page)

    o How are incidents of abuse, neglect, exploitation or injury reported externally? (up to ½ page)

    o Who is the responsible person(s) within the vendor's organization for reviewing incident reports?

- o Who is the responsible person(s) within the vendor's organization for notifying a consumer's family/representative of incidents?
- o Describe the internal review process for incident reports and how corrective action is implemented (up to ½ page)

- Description of the complaint/grievance process: (all items required)
  - o Do you have written policies and procedures regarding the submission of complaints/grievances?
  - o Are complaint/grievance protocols shared with consumers/families/consumer representatives?
  - o Is there a specific complaint/grievance form?
  - o Who can file a complaint/grievance?
  - o Who is the person(s) within the vendor's organization responsible for resolving the complaint/grievance?
  - o What is the complaint/grievance response timeline?
  - o Describe the complaint/grievance process (up to ½ page)

- Description of the program feedback process: (all items required)
  - o How is input from consumers, families and/or consumer representatives encouraged? (up to ½ page)
  - o Describe the process used to measure consumer/family/consumer representative satisfaction with services (up to ½ page)
  - o Describe how consumers/families/consumer representatives are involved in the hiring and/or evaluation of direct service staff (up to ½ page)
  - o Describe how consumers/families/consumer representatives are involved in the evaluation process for the improvement of services? (up to ½ page)
  - o Is past feedback available to consumers/families/consumer representatives on request, when considering this vendor?

- Information on consumer involvement: (all items required)
  - o Describe all other methods used by the vendor to provide opportunities for consumers/families/consumer representatives to be actively involved in vendor operations (e.g. advisory groups, staff recruitment, staff training and development, monitoring, social events, etc.) (up to ½ page)
  - o Is there an active Community Advisory Group(s)?
  - o If yes, in which counties/communities are there Community Advisory Groups? (check all that apply)

- Information on internal quality efforts: (all items required)
  - Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives (up to ½ page)
  - Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided (up to ½ page)

**7.    Administrative Sites and Group Homes/Day Treatment and Training Sites**

If the Applicant has administrative sites/offices other than the corporate site identified as part of the general information section, when the Directory component of the System is released, the Qualified Vendor must provide the following information: (for the Directory, all items are required)

- Administrative site name
- Mailing address
- Contact name
- Contact telephone number
- After hours contact telephone number
- Contact fax telephone number
- Scheduling/contact hours for each day of the week – Sunday through Saturday

If the Applicant operates Group Homes, the Applicant must provide on the Application component of the System the following information items that are marked "required." When the Directory component of the System is released, the Qualified Vendor must link all Group Home sites to an Administrative Site that the consumer may contact for referrals to that site, and may provide the information items marked "optional."

- Do you have a current, valid license under DDD for this Group Home?
- District Code and Alpha Code (required)
- Site name and address (required)
- Type of Group Home Habilitation Services  (Group Home, Group Home with Nursing, Group Home Community Protection and Treatment) (required)
- Site administrator name, telephone number, and email address (required)
- Site scheduler name, telephone number, after hours telephone number, fax number, and email address (required)
- Site maximum capacity, current occupancy, number of bedrooms, age range of occupants, and whether you are accepting new referrals (required)
- Identify the geographic area(s) served from this site on a checkbox-list of counties/communities (required)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)

- Gender preference (male, female, no preference) (optional)

- Provide the number of full time and part time direct service staff for this service at this site and the number of years that the staff has provided this kind of service (optional)

- Indicate the experience at this site in providing this service to four age groups (number of consumers served in each group): (optional)
    - 0-3
    - 4-17
    - 18-64
    - 65+

- Identify the training and experience of the staff at this site for this service. There is a checkbox list as indicated below: (optional)

Training and Experience:
- Adaptive Communications
- Adaptive Mobility
- Augmentative communication device
- Autism
- Behavioral Health
- Behavioral Support
- Medical/Health
- Senior/Elderly
- Therapy Needs
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Working with persons with limitations in vision
- Working with persons who are ambulatory
- Working with persons who are not ambulatory
- List any other direct support staff specialties or expertise

- Identify the community activities available at this site. There is a checkbox list as indicated below: (optional)

Community Activities Available:
- Library
- Shopping
- Trips
- Bowling
- Pet/animal related experiences
- Horseback riding
- Cooking
- Banking
- Parks/outdoor sports activities
- Fishing

o Historic sites

o Swimming

o City survival/traffic safety skills

o Paid work experiences

o Other (list)

If the Applicant operates day treatment and training sites, the Applicant must provide on the Application component of the System the following information items that are marked "required." When the Directory component of the System is released, the Qualified Vendor must link all day treatment and training sites to the administrative site that the consumer must contact for referrals to that site and may provide the information items marked "optional."

- District Code and Alpha Code (required)

- Site name and address (required)

- Site administrator name, telephone number, and email address (required)

- Site scheduler name, telephone number, after hours telephone number, fax number, and email address (required)

- Site maximum capacity, current occupancy, and whether you are accepting new referrals (required)

- The geographic area(s) served from this site by clicking on a checkbox-list of counties/communities (required)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)

- Hours of operation (required)

- Dates of operation (After-School and Summer Programs only) (required)

- The number of full time and part time direct service staff for this service at this site and the number of years that the staff has provided this kind of service (optional)

- The program based training activities, program practices for consumer assistance, and community activity opportunities for this service at this site by clicking on a checkbox list for each service, as follows: (optional)

Day Treatment and Training, Adult

*Program Based Training Activities*

o Therapy related (occupational, physical, speech)

o Personal hygiene

o Personal health related

o Paid work experiences

*Program Practices for Client Assistance*

o Incontinency related
o Assistance offered with eating
o Behavioral support
o Proper positioning

o Hydration practices
o Weather protection practices (heat, cold, sun)
o Medication administration

*Community Activity Opportunities*

o Library
o Shopping
o Trips
o Bowling
o Pet/animal related experiences
o Horseback riding
o Cooking
o Banking

o Parks/outdoor sports activities
o Fishing
o Historic sites
o Swimming
o City survival/traffic safety skills
o Paid work experiences
o Other (list)

Day Treatment and Training, Children (After-School):

*Program Based Training Activities*

o Therapy related (occupational, physical, speech)
o Personal hygiene

o Personal health related

*Program Practices for Client Assistance*

o Incontinency related
o Assistance offered with eating
o Behavioral support
o Proper positioning

o Hydration practices
o Weather protection practices (heat, cold, sun)
o Medication administration

*Community Activities Opportunities*

o Library
o Shopping
o Trips
o Bowling
o Pet/animal related experiences
o Horseback riding
o Cooking
o Banking

o Parks/outdoor sports activities
o Fishing
o Historic sites
o Swimming
o City survival/traffic safety skills
o Paid work experiences
o Other (list)

Day Treatment and Training, Children (Summer):

*Program Based Training Activities*
o Therapy related (occupational, physical, speech)

o Personal hygiene

o Personal health related

*Program Practices for Client Assistance*
o Incontinency related

o Assistance offered with eating

o Behavioral support

o Proper positioning

o Hydration practices

o Weather protection practices (heat, cold, sun)

o Medication administration

*Community Activity Opportunities*
o Library

o Shopping

o Trips

o Bowling

o Pet/animal related experiences

o Horseback riding

o Cooking

o Banking

o Parks/outdoor sports activities

o Fishing

o Historic sites

o Swimming

o City survival/traffic safety skills

o Paid work experiences

o Other (list

## 8. Home-Based Services

For each home-based service (Attendant Care; Habilitation, Community Protection and Treatment Hourly; Habilitation, Support; Housekeeping; and Respite) that the Applicant proposes to provide, the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- Vendor experience for the service (optional)

    o Number of years of DES/DDD service provision

    o Number of years Arizona service provision

    o Number of years out of state service provision

    o Current unduplicated count of adults being provided with the service

    o Current unduplicated count of children being provided with the service

    o Number of full time direct service staff for the service

    o Number of part time direct service staff for the service

- o Median direct service staff years of experience providing the service

- o Median direct service staff years with the vendor

  - Description of the program from referral through service delivery (up to ½ page) (required)

  - Up to four references from a consumer's legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

  - Responses to the following questions regarding wages: (optional)

    - o What is the beginning wage for the direct service staff for the service?

    - o What is the average wage for the direct service staff for the service?

    - o Is there a salary differential provided, and if so, under what circumstances?

  - Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

  - Additionally, for Attendant Care; Habilitation, Community Protection and Treatment Hourly; and Habilitation, Support services the vendor shall provide the following information regarding community access: (all items required)

    - o When community access is required to meet the ISP, how do you support direct service staff for community access? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

    - o Describe methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page)

    - o Describe methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page)

    - o Describe any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page)

    - o How often are driving records reviewed by the vendor?

## 9.   Home-Based Services Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated

below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)

- Gender preference (male, female, no preference) (optional)

- Provide the number of full time and part time direct service staff for this service in this office and the number of years that the staff has provided this kind of service (optional)

- Indicate if accepting new referrals for adults and/or children (*this is important and should be kept up to date whenever the status changes*) (optional)

- Indicate the experience at this office in providing this service to four age groups (number of consumers served in each group): (optional)
    - 0-3
    - 4-17
    - 18-64
    - 65+

- Any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information and service-specific sections that are different for the specific geographic area (optional)

- Identify the training and experience of the staff in this office for this service. There is a checkbox list for each service as indicated below: (optional)

Attendant Care Service Training and Experience:

- Adaptive appliances and prosthetic devices
- Alternative communication
- Augmentative communication devises
- Autism
- Basic housekeeping
- Basic nutrition
- Behavior intervention
- Budgeting
- Care & upkeep of clothing, including laundry and storage
- Carrying and lifting

- Cerebral palsy
- Client intervention training level I
- Client intervention training level II
- Eating and drinking skills
- Epilepsy
- First aid treatments, self recognition of symptoms of illness
- Food storage
- G-tube feeding and cleaning
- Hand washing
- Home accident prevention
- Home care and maintenance

- Implementing and following therapy home programs
- Meal planning and preparation
- Medication monitoring/medication reminders
- Mental retardation
- Mobility and gait training
- Personal grooming, hygiene, and dressing
- Planning, problem solving, and decision making
- Positioning
- Positive behavior support

- Therapy programs/range of motion
- Toileting functions
- Transferring (to/from wheelchair, bed, etc.)
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with the elderly
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Other (list)

Habilitation, Community Protection and Treatment Hourly Training and Experience:

- Alternative communication
- Augmentative communication devices
- Autism
- List specific types of training and experience related to individuals with autism (e.g. PACE, Lovaas)
- Budgeting
- Cerebral palsy
- Client intervention training level I
- Client intervention training level II
- Eating and drinking skills
- Epilepsy
- First aid treatments, self recognition of symptoms of illness
- Home accident prevention
- Implementing and following therapy home programs
- Meal planning and preparation
- Medication administration
- Mental retardation
- Mobility training
- Parent skills training
- Personal grooming, hygiene, and dressing

- Planning, problem solving, and decision making
- Positioning
- Positive behavior support
- Seizure management
- Therapy programs
- Therapy programs-sensory integration (OT)
- Toileting functions
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with persons with limitations in hearing
- Working with persons with limitations in movement

- Working with persons with limitations in vision
- Working with persons who are ambulatory

- Working with persons who are not ambulatory
- Other (list)

Habilitation, Support Service Training and Experience:

- Alternative communication
- Augmentative communication devises
- Autism

- List specific types of training and experience related to individuals with autism (e.g. PACE, Lovaas)
- Budgeting

- o Cerebral palsy
- o Client intervention training level I
- o Client intervention training level II
- o Eating and drinking skills
- o Epilepsy
- o First aid treatments, self recognition of symptoms of illness
- o Home accident prevention
- o Implementing and following therapy home programs
- o Meal planning and preparation
- o Medication administration
- o Mental retardation
- o Mobility training
- o Parent skills training

- o Personal grooming, hygiene, and dressing
- o Planning, problem solving, and decision making

- o Positioning
- o Positive behavior support
- o Seizure management
- o Therapy programs
- o Therapy programs-sensory integration (OT)
- o Toileting functions
- o Universal precautions
- o Working with persons with Alzheimer's/dementia
- o Working with persons with limitations in hearing
- o Working with persons with limitations in movement
- o Working with persons with limitations in vision
- o Working with persons who are ambulatory
- o Working with persons who are not ambulatory
- o Other (list)

Housekeeping Service Training and Experience:

- o Basic housekeeping
- o Basic nutrition
- o Care and upkeep of clothing, including laundry and storage
- o Food storage
- o Hand washing
- o Home accident prevention

- o Home care and maintenance
- o Meal planning and preparation
- o Planning, problem solving, and decision making
- o Universal precautions
- o Other (list)

Respite Service Training and Experience:

- o Alternative communication
- o Augmentative communication devices
- o Autism
- o Behavior intervention
- o Carrying and lifting over 50 pounds
- o Carrying and lifting under 50 pounds
- o Cerebral palsy
- o Client intervention training level I
- o Client intervention training level II
- o Eating and drinking skills
- o Epilepsy
- o First aid treatments, self recognition of symptoms of illness

- o G-tube feeding and cleaning
- o Home accident prevention
- o Meal planning and preparation
- o Medication monitoring/medication reminders
- o Mental retardation
- o Mobility training
- o Personal grooming, hygiene, and dressing
- o Positioning
- o Positive behavior support
- o Therapy programs
- o Physical therapy/range of motion
- o Toileting functions
- o Universal precautions

- o Working with persons with Alzheimer's/dementia
- o Working with the elderly
- o Working with persons with limitations in hearing
- o Working with persons with limitations in movement
- o Working with persons with limitations in vision
- o Working with persons who are ambulatory
- o Working with persons who are not ambulatory
- o Other (list)

- ▪ Additionally, for Respite Services, the vendor is asked to provide the following information: (optional)
  - o Hours of operation each day of the week
  - o If new consumers are being accepted for in-home, out-of-home, or both
  - o Vendor experience in % of units provided short term (hourly)
  - o Vendor experience in % of units provided long term (daily)
  - o Vendor experience in % of units provided in-home
  - o Vendor experience in % of units provided out-of-home

## 10.   Day Treatment and Training Services

For each of the day treatment and training services [Day Treatment and Training, Adult; Day Treatment and Training, Children (After-School); and Day Treatment and Training, Children (Summer)] that the Applicant proposes to provide, the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- ▪ Vendor experience for the service (optional)
  - o Number of years of DES/DDD service provision
  - o Number of years Arizona service provision
  - o Number of years out of state service provision
  - o Current unduplicated count of adults being provided with the service (Day Treatment and Training, Adult only)
  - o Current unduplicated count of children being provided with the service (Day Treatment and Training, Children (After-School) and (Summer) only)
  - o Number of full time direct service staff for the service
  - o Number of part time direct service staff for the service
  - o Median direct service staff years of experience providing the service
  - o Median direct service staff years with the vendor
- ▪ Description of the program from referral through service delivery (up to ½ page) (required)

- Up to four references from a consumer's legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

- Responses to the following questions regarding wages: (optional)

    o What is the beginning wage for the direct service staff for the service?

    o What is the average wage for the direct service staff for the service?

    o Is there a salary differential provided, and if so, under what circumstances?

- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

- Responses to the following questions regarding transportation provided for community access and/or for transportation to and from the program: (all items required)

    o When community access is required to meet the ISP, how do you support direct service staff for community access? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

    o How do you support direct service staff for transportation? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

    o Describe methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page)

    o Describe methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page)

    o Describe any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page)

    o How often are driving records reviewed by the vendor?

## 11.    Developmental Home Services

If the Applicant proposes to provide Habilitation, Vendor Supported Developmental Home (Child and Adult) the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- Vendor experience for the service (optional)

    o Number of years of DES/DDD service provision

    o Number of years Arizona service provision

- o Number of years out of state service provision

- o Current unduplicated count of adults being provided with the service

- o Current unduplicated count of children being provided with the service

- o Number of full time direct service staff for the service

- o Number of part time direct service staff for the service

- o Median direct service staff years of experience providing the service

- o Median direct service staff years with the vendor

- Description of the program from referral through service delivery (up to ½ page) (required)

- Up to four references from a consumer's legal representative for the service.  The reference information includes the reference name, county/community, and telephone number.  The reference information is optional.  However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

- Responses to the following questions regarding transportation provided for community access and/or for transportation to and from the program: (all items required)

  - o When community access is required to meet the ISP, how do you support direct service staff for community access? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

  - o How do you support direct service staff for transportation? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

  - o Describe methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page)

  - o Describe methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page)

  - o Describe any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page)

  - o How often are driving records reviewed by the vendor?

**12. Developmental Home Services Site Specific Information**

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Administrative Office responsible for scheduling for this geographic area (required)

- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)

- Number of homes/sites administered from the administrative office (required)

- Number of people placed by this administrative office in this geographic area (optional)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)

- Indicate if accepting new referrals (optional)

- Indicate the experience at this office in providing this service to four age groups (number of consumers in each group): (optional)
    - 0-3
    - 4-17
    - 18-64
    - 65+

- Identify the training and experience of the staff in this office for this service. There is a checkbox list as indicated below: (optional)

Training and Experience:
- Adaptive Communications
- Adaptive Mobility
- Augmentative communication device
- Autism
- Behavioral Health
- Behavioral Support
- Medical/Health
- Senior/Elderly
- Therapy Needs
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Working with persons with limitations in vision
- Working with persons who are ambulatory
- Working with persons who are not ambulatory

o List any other direct support staff specialties          or expertise

- Identify the community activities available at this site. There is a checkbox list as indicated below: (optional)

Community Activities Available:
o Library
o Shopping                                   o Parks/outdoor sports activities
o Trips                                       o Fishing
o Bowling                                 o Historic sites
o Pet/animal related experiences        o Swimming
o Horseback riding                      o City survival/traffic safety skills
o Cooking                               o Paid work experiences
o Banking                             o Other (list)

## 13.     Independent Living Services

If the Applicant proposes to provide Habilitation, Individually Designed Living Arrangement, the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- Vendor experience for the service (optional)

  o Number of years of DES/DDD service provision

  o Number of years Arizona service provision

  o Number of years out of state service provision

  o Current unduplicated count of adults being provided with the service

  o Current unduplicated count of children being provided with the service

  o Number of full time direct service staff for the service

  o Number of part time direct service staff for the service

  o Median direct service staff years of experience providing the service

  o Median direct service staff years with the vendor

- Description of the program from referral through service delivery (up to ½ page) (required)

- Up to four references from a consumer's legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

- Responses to the following questions regarding wages: (optional)

  o What is the beginning wage for the direct service staff for the service?

  o What is the average wage for the direct service staff for the service?

  o Is there a salary differential provided, and if so, under what circumstances?

- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and corrections system, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

- Questions regarding community access: (all items required)

  o When community access is required to meet the ISP, how do you support direct service staff for community access? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

  o Describe methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page)

  o Describe methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page)

  o Describe any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page)

  o How often are driving records reviewed by the vendor?

## 14.    Independent Living Services Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site.  The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously.  The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list.  As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Administrative Office responsible for scheduling for this geographic area (required)

- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)

- Number of homes/sites administered from the administrative office (required)

- Number of people placed by this administrative office in this geographic area (optional)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)

- Provide the number of full time and part time direct service staff for this service at this site and the number of years that the staff has provided this kind of service (optional)

- Indicate if accepting new referrals (optional)

- Indicate the experience at this office in providing this service to four age groups (number of consumers served in each group): (optional)
    - 0-3
    - 4-17
    - 18-64
    - 65+

- Identify the training and experience of the staff in this office for this service. There is a checkbox list as indicated below: (optional)

Training and Experience:

- Adaptive Communications
- Adaptive Mobility
- Augmentative communication device
- Autism
- Behavioral Health
- Behavioral Support
- Medical/Health
- Senior/Elderly
- Therapy Needs
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Working with persons with limitations in vision
- Working with persons who are ambulatory
- Working with persons who are not ambulatory
- List any other direct support staff specialties or expertise

- Identify the community activities available at this site. There is a checkbox list as indicated below: (optional)

Community Activities Available:

- Library
- Shopping
- Trips
- Bowling
- Pet/animal related experiences
- Horseback riding
- Cooking
- Banking
- Parks/outdoor sports activities
- Fishing
- Historic sites
- Swimming
- City survival/traffic safety skills
- Paid work experiences
- Other (list)

**15.    Group Home Services**

For Habilitation, Community Protection and Treatment Group Home; Habilitation, Group Home; Habilitation, Nursing Supported Group Home; and Room and Board, All Group Homes the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- Vendor experience for the service (optional)
    - Number of years of DES/DDD service provision
    - Number of years Arizona service provision
    - Number of years out of state service provision
    - Current unduplicated count of adults being provided with the service
    - Current unduplicated count of children being provided with the service
    - Number of full time direct service staff for the service
    - Number of part time direct service staff for the service
    - Median direct service staff years of experience providing the service
    - Median direct service staff years with the vendor
- Up to four references from a consumer's legal representative for the service.  The reference information includes the reference name, county/community, and telephone number.  The reference information is optional.  However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)
- Responses to the following questions regarding wages: (optional)
    - What is the beginning wage for the direct service staff for the service?
    - What is the average wage for the direct service staff for the service?
    - Is there a salary differential provided, and if so, under what circumstances?
- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)
- Types of Group Home Habilitation Services (Group Home, Group Home with Nursing, Group Home Community Protection and Treatment) (required)
- For each type of group home service, provide a description of the program from referral through service delivery (up to ½ page) (required)

- Responses to the following questions regarding transportation: (all items required)

    o When transportation is required, how do you support direct service staff? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)

    o Describe methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page)

    o Describe methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page)

    o Describe any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page)

    o How often are driving records reviewed by the vendor

## 16. Professional Services

For each of these services (Home Health Aide; Nursing; Occupational Therapy; Occupational Therapy Early Intervention; Physical Therapy; Physical Therapy Early Intervention; Speech Therapy; and Speech Therapy Early Intervention) the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- Vendor experience for the service (optional)

    o Number of years of DES/DDD service provision

    o Number of years Arizona service provision

    o Number of years out of state service provision

    o Current unduplicated count of adults being provided with the service (non early intervention services only)

    o Current unduplicated count of children aged 3-17 being provided with the service (non early intervention services only)

    o Current unduplicated count of infants from birth to age 3 being provided with the service (early intervention services only)

    o Number of full time direct service staff for the service

    o Number of part time direct service staff for the service

    o Median direct service staff years of experience providing the service

    o Median direct service staff years with the vendor

- Description of the program from referral through service delivery (up to ½ page) (required)

- Up to four references from a consumer's legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

- Responses to the following questions regarding wages: (optional)

    o What is the beginning wage for the direct service staff for the service?

    o What is the average wage for the direct service staff for the service?

    o Is there a salary differential provided, and if so, under what circumstances?

- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

## 17. Professional Services Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)

- Gender preference (male, female, no preference) (optional)

- Provide the number of full time and part time direct service staff for this service in this office and the number of years that the staff has provided this kind of service (optional)

- Indicate if you are accepting new referrals for adults and/or children (*this is important and should be kept up to date whenever the status changes*) (optional)

- Indicate the experience at this office in providing this service to four age groups (number of consumers served in each group): (optional)
    - 0-3
    - 4-17
    - 18-64
    - 65+

- Describe any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information and service-specific sections that are different for the specific geographic area (optional but included on the Application version of the System)

- Identify the training and experience of the staff or the areas of specialties in this office for this service.  There is a checkbox list for each service as indicated below: (optional)

Home Health Aide Service Training and Experience:

- Adaptive appliances and prosthetic devices
- Alternative communication
- Augmentative communication device
- Autism
- Basic housekeeping
- Basic nutrition
- Behavior intervention
- Budgeting
- Care & upkeep of clothing, including laundry and storage
- Carrying and lifting
- Cerebral palsy
- Client intervention training level I
- Client intervention training level II
- Eating and drinking skills
- Epilepsy
- First aid treatments, self recognition of symptoms of illness
- Food storage
- G-tube feeding and cleaning
- Hand washing
- Home accident prevention
- Home care and maintenance
- Implementing and following therapy home programs
- Meal planning and preparation
- Medication monitoring/medication reminders
- Mental retardation
- Mobility and gait training
- Personal grooming, hygiene, and dressing
- Planning, problem solving, and decision making
- Positioning
- Positive behavior support
- Therapy programs/range of motion
- Transferring (to/from wheelchair, bed, etc.)
- Toileting functions
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with the elderly
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Working with persons with limitations in vision

o Working with persons who are ambulatory

o Working with persons who are not ambulatory

o Wound Care

o List any other direct support staff specialties or expertise

Nursing Service Training and Experience:

o Alternative communication

o Behavior intervention

o Eating and drinking skills

o Following therapist's recommendations

o Mobility and gait training

o Occupational therapy - sensory integration

o Physical therapy

o Working with people diagnosed with autism

o Working with people diagnosed with cerebral palsy

o Working with people diagnosed with epilepsy

o Working with people diagnosed with mental retardation

o Working with persons with limitations in movement

o Working with persons with limitations in vision

o Working with persons with limitations in hearing

o Working with the elderly

o List any other direct support staff specialties or expertise

Occupational Therapy and Occupational Therapy Early Intervention Areas of Specialties:

o Cranial Sacral

o Environmental Access

o Feeding

o Hippo Therapy

o NDT

o Oral Motor

o Sensory Integration

o Therapeutic riding

o Working with people diagnosed with autism

o Working with people diagnosed with cerebral palsy

o Working with people diagnosed with epilepsy

o Working with people diagnosed with mental retardation

o Other (list)

Physical Therapy and Physical Therapy Early Intervention Service Areas of Specialties:

o Aquatic

o Assistive Technology

o Environmental Access

o Mobility Training

o Hippo Therapy

o NDT

o Tamo

o Therapeutic riding

o Working with people diagnosed with autism

o Working with people diagnosed with cerebral palsy

o Working with people diagnosed with epilepsy

o Working with people diagnosed with mental retardation

o Other (list)

Speech Therapy and Speech Therapy Early Intervention Areas of Specialties:

o Articulation

o Auditory integration training

o Augmentative communication

o Assistive Technology

o Feeding
o Fluency
o Language
o NDT
o Oral Motor
o Pre-language
o Swallowing

o Working with people diagnosed with autism
o Working with people diagnosed with cerebral palsy
o Working with people diagnosed with epilepsy
o Working with people diagnosed with mental retardation
o Other (list)

## 18. Other Services

If the Applicant proposes to provide transportation services, the Applicant shall provide the information marked "required" in the Application component of the System or should provide the information marked "optional" in the Directory component of the System.

- Vendor experience for the service (optional)
    o Number of years of DES/DDD service provision
    o Number of years Arizona service provision
    o Number of years out of state service provision
    o Current unduplicated count of adults being provided with the service
    o Current unduplicated count of children being provided with the service
    o Number of full time direct service staff for the service
    o Number of part time direct service staff for the service
    o Median direct service staff years of experience providing the service
    o Median direct service staff years with the vendor
- Types of transportation services offered: (required)
    o Ambulatory van
    o Wheelchair van
    o Stretcher van
    o Taxicab
- Description of the program from referral through service delivery (up to ½ page) (required)
- Description of methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page) (required)
- Description of methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page) (required)

- Description of any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page) (required)

- How often are driving records reviewed by the vendor? (required)

- Up to four references from a consumer's legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant *must* indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

- Responses to the following questions regarding wages: (optional)

    o What is the beginning wage for the direct service staff for the service?

    o What is the average wage for the direct service staff for the service?

    o Is there a salary differential provided, and if so, under what circumstances?

- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

## 19.    Transportation Services Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Identify the dispatch office to contact for service (required)

- Types of transportation services offered: (required)

    o Ambulatory van

    o Wheelchair van

    o Stretcher van

    o Taxicab

- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)

- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish and others (optional)

- Service size – number of vehicles by vehicle type (optional)

- Provide the number of years that the staff has provided this kind of service (optional)

- Indicate if you are accepting new referrals for adults and/or children (*this is important and should be kept up to date whenever the status changes*) (optional)

- Any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section and service-specific sections that are different for the specific geographic area (optional but included on the Application version of the System)

- Identify the training and experience of the staff in this office for this service. There is a checkbox list. (optional)

Transportation Service Training and Experience:
- Accident prevention
- Alternative communication
- Autism
- Behavior intervention
- Bus operations
- Cerebral palsy
- Client intervention training level I
- Client intervention training level II
- Drivers training
- Epilepsy
- First aid treatments, self recognition of symptoms of illness
- Lift operation
- Mental retardation
- Mobility and gait training
- Planning, problem solving, and decision making
- Positioning
- Positive behavior support
- Seizure management
- Universal precautions
- Van driving
- Working with persons with Alzheimer's/dementia
- Working with the elderly
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Working with persons with limitations in vision
- Working with persons who are ambulatory
- Working with persons who are non-ambulatory
- List any other direct service staff specialties or expertise